

Nurses Recruitment & Retention Fund (NRRF)

RELOCATION ASSISTANCE GRANT

The “Come Home to Manitoba” campaign was established in 1999 to support recruitment of nurses to Manitoba, offering relocation assistance up to \$5,000 for nurses who come to this province to work. In order to qualify for relocation assistance, the applicant will require:

- Confirmed full or part time employment (minimum 0.6 EFT) in an approved permanent or term nursing position of a least 12 months duration. **CASUAL or INDEFINITE positions are not eligible for relocation assistance.**
- Confirmed nursing position as a direct caregiver or first level nursing manager with an approved employer in Manitoba.
- Evidence of licensure with applicable nursing college.

FAQ

Who can apply for the Relocation Assistance Grant and what are the requirement

- Nurses who are relocating from outside the province. Applicants returning to Manitoba must have resided outside of the province for a minimum of one year.
- **Must be a resident of Manitoba.** Nurses living in border towns must have a Manitoba address or Manitoba post office box in order for NRRF to issue funding.
- Applicants must agree to work in a nursing position in Manitoba for a minimum of 12 months. Employers must be receiving public funds from the province of Manitoba. This includes, but is not limited to, Manitoba Health and the Regional Health Authorities (RHAs). **Private for-profit agencies are not eligible.**
- Applicants must apply for funding within one year of moving to Manitoba.

Should I submit all my receipts related to my move?

- Proof of expenses related to the nurse’s move, such as receipts from moving companies and for the costs of travel, should be retained by the applicant to substantiate the claim while in service agreement with NRRF.

Who can sign my Employer Certification and Agreement (Section H) of the application form?

- Human Resources
- Department manager or nursing supervisor (nurses cannot sign on behalf of themselves)

How long does the application process take?

- The application process takes 4 to 6 weeks.

How do I submit my application to your office?

- Applications are emailed to the NRRF Facilitator at nrrf@sharedhealthmb.ca

What if I move while I am completing my service agreement with NRRF?

- Should your contact information change, please email nrrf@sharedhealthmb.ca.

What if I change employers or move to a new position within the same facility/region?

- As per 7.11 of the [Relocation Assistance Grant Policy](#): “An employee who changes eligible employers while fulfilling their one year return of service commitment in Manitoba must complete a revised service agreement. The revised service agreement must be signed by the applicant and the new employer and must complete the time remaining in the previous 12-month agreement.”

IMPORTANT

The application must be completed electronically and will require an electronic signature.

If you are unable to attach an electronic signature, please follow these steps:

1. Complete application electronically
2. Print application and sign Section G
3. Scan all pages of the application and save as a PDF
4. Give application to your employer to complete Section H
5. Email completed application to NRRF

NURSES RECRUITMENT AND RETENTION FUND (NRRF)
Application for
RELOCATION GRANT

Shared Health
 1502-155 Carlton Street
 Winnipeg, MB R3C 3H8

SECTION A – PERSONAL INFORMATION

Surname:	First Name:	Middle Name:
Personal Email Address:	Work Email Address:	Date of Birth:
Current Mailing Address in Manitoba:		
P.O. Box (if applicable):	City/Town:	Postal Code:
Contact Numbers		
Home:	Work:	Mobile:

SECTION B – OTHER NRRF GRANTS

Have you applied for other grants with NRRF?	No	Yes
If yes, which grant(s):	Date grant received/applied for:	
Are you receiving relocation assistance from another source?	No	Yes
If yes, source of assistance:	What is the amount?	Date applied/received:

SECTION C – NURSING CATEGORY & LICENSE NUMBER

Nursing Category: (Check applicable box)

<input type="checkbox"/> Licensed Practical Nurse (LPN)	<input type="checkbox"/> Grad Nurse
<input type="checkbox"/> Registered Nurse (RN)	<input type="checkbox"/> Grad Nurse
<input type="checkbox"/> Registered Psychiatric Nurse (RPN)	<input type="checkbox"/> Grad Nurse
<input type="checkbox"/> Nurse Practitioner (NP)	

License/Registration # _____

Date of Expected Full License: _____

SECTION D – NURSING EDUCATION

Where did you take your initial level of nursing training? (Institution, Province/State/Country)

Year of graduation from your initial level of nursing training? Bridging programs do not apply.

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How did you hear about NRRF (Please check all that apply)?

<input type="checkbox"/> Job Fair	<input type="checkbox"/> Employer	<input type="checkbox"/> Advertising or Publication
<input type="checkbox"/> Internet	<input type="checkbox"/> School	<input type="checkbox"/> Other (Please specify) _____

SECTION E - EMPLOYMENT IN MANITOBA

Name of Employer/Organization:		Regional Health Authority:
Address:	City/Town	Postal Code
Employee's Position:	Department:	Start Date:

Were you previously employed in the nursing profession in Manitoba?

No Yes If yes, indicate when and where you last were employed.

Previous Employment Start Date:	Previous Employment End Date:	
Previous Employer/Organization:	Previous Department:	
Address:	City/Town	Postal Code

SECTION F – PREVIOUS ADDRESS (within three months prior to your move to Manitoba)

Your Date of Move to Manitoba

Previous Address:	Previous City/Town:
Previous Province/Territory/State:	Previous Country:
Previous Employer/Organization	Previous Employer Phone #:

SECTION G – EMPLOYEE DECLARATION & AGREEMENT

I DECLARE THAT:

- I am not currently in default with any other NRRF program or incentive.
- I have given complete and true information on this form and I understand that failure to do so may prevent my qualifying for assistance in the future.

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- I understand that if I should receive a grant, it is awarded to me on the condition that it will be used for the purposes for which it was intended.
- I understand that should I change positions or employers while fulfilling my service agreement, I must complete a revised service agreement and complete the time remaining in my service agreement with NRRF.
- I have read and understand the **Relocation Assistance Grant Policy**. Please initial here _____.
- I have been employed continuously in the nursing profession in Manitoba since _____ and I intend to continue my employment as a nurse in Manitoba for not less than 12 months from that date at 0.6 EFT or higher.

I AGREE THAT if I am not employed in Manitoba as a nurse for the full 12 months at 0.6 EFT or higher:

1. I will notify NRRF in writing of the last day of my employment immediately upon tendering my resignation or termination.
2. I will repay all of my financial assistance (pro-rated) to NRRF.

I UNDERSTAND THAT MY EMPLOYMENT MUST BE FOR A CONTINUOUS TERM OF 12 MONTHS. MANITOBA MAY EXTEND THE TIME TO COMPLETE THE TERM OF 12 MONTHS OR GRANT TEMPORARY ABSENCES FOR PREGNANCY OR HEALTH RELATED MATTERS. EACH REQUEST WILL BE EXAMINED ON ITS OWN MERITS BY THE NURSES RECRUITMENT AND RETENTION FUND FOR A FINAL DECISION. SHOULD CONTACT AND JOB INFORMATION CHANGE, I WILL NOTIFY THE FUND IMMEDIATELY.

Applicant's
Signature _____

Date
Signed: _____

SECTION H – EMPLOYER CERTIFICATION & AGREEMENT

WE CERTIFY THAT:

1. (Name of Nurse) _____ has been employed as a
(Type of Nurse _____ since (Date) _____ at a _____
EFT position by our organization.
2. We intend to employ this person for a period no less than 12 months in a 0.6 EFT or higher permanent or term position for which other qualified candidates were not available.
3. This individual was recruited from _____
(Educational Institution, City/Town, Employer in MB)

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WE AGREE THAT IF THIS PERSON LEAVES THIS ORGANIZATION BEFORE COMPLETING A FULL YEAR OF EMPLOYMENT AT 0.6 EFT OR HIGHER, WE WILL PROVIDE WRITTEN NOTICE TO THE NRRF FACILITATOR IMMEDIATELY UPON DETERMINING THAT THE INDIVIDUAL'S EMPLOYMENT WILL BE TERMINATED.**

Employers' Signature	_____	Date Signed:	_____
Employers' Name	_____	Employers' Address	_____
Employers' Position:	_____		_____
Facility:	_____	Phone #	_____
RHA:	_____	Email Address:	_____

CHECKLIST: Ensure your application is complete and the required documents are attached before submission.

- | | |
|--|--------------------------------------|
| Section A | Section B |
| Section C | Section D |
| Section E | Section F |
| Section G | Section H |
| Copy of Official Letter of Employment | Copy of Nursing College Registration |
| Proof of Address (utility bill, phone bill, flight itinerary/ticket) | |

IENs Only: Provide a timeline that explains steps taken to obtain registration with a nursing College.

SUBMIT YOUR COMPLETED APPLICATION TO: nrrf@sharedhealthmb.ca

****Note to Employer:** Please notify NRRF if an applicant does not complete their NRRF Service Agreement by completing the Employer Verification of Incomplete Service Agreement Form.